

Enhanced Care Management (ECM) Provider Letter of Interest Form

The Enhanced Care Management (ECM) benefit is a whole person, interdisciplinary approach to comprehensive care management. ECM is a community-based, high-touch, person-centered services delivered by providers to members where they live, seek care or prefer to access services. The ECM program will be comprehensive and address the clinical and non-clinical needs of high-need, high-cost Medi-Cal Members through coordination of services across multiple delivery systems and comprehensive care management. ECM is part of a new multi-year Department of Health Care Services (DHCS) initiative called California Advancing and Innovating Medi-Cal (CalAIM) that is focused on any delivery system, program, and payment reform. For additional information from DHCS on CalAIM, see the DHCS webpage: <https://www.dhcs.ca.gov/calaim>

To achieve this goal, L.A. County Managed Care Plans (MCP) will:

- Leverage the existing county and community provider care management infrastructure and experience.
- Ensure the participation of providers experienced with serving the ECM target population(s).

To become an ECM Provider, your organization must be one of the following:

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| • City/county government agency | • Rural health clinic and/or an Indian Health Service Program | • Substance use disorder treatment provider |
| • County behavioral health provider | • Local health department | • Organizations serving individuals experiencing homelessness |
| • Physician group | • Behavioral health entity | • Organizations serving justice-involved individuals |
| • Federally Qualified Health Center | • Community mental health center | • Other qualified provider or entity that are not listed above, as approved by DHCS |
| • Community health center | | |
| • Hospital or hospital-based physician group or clinic (including public hospital and district and/or municipal public hospital) | | |

To become an ECM Provider, your organization must serve one or more of the following ECM target populations:

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| • High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits. | • Children: Individuals at risk for institutionalization with SMI, children with Serious Emotional Disturbance or SUD with co-occurring chronic health conditions |
| • Individuals experiencing chronic homelessness or at risk of becoming homeless | • Individuals at risk for institutionalization, eligible for long-term care |

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Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

- Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community
- Adults: Individuals at risk for institutionalization with SMI, with Serious Emotional Disturbance or Substance Use Disorder (SUD) with co-occurring chronic health conditions
- Nursing facility residents who want to transition to the community
- Children or youth with complex physical, behavioral, developmental, and oral health needs, e.g. California Children's Services (CCS), foster care)

L.A. County Managed Care Plans are committed to the Enhanced Care Management (ECM) benefit and will provide assistance to potential ECM Providers to meet the qualifications and requirements.

To qualify for consideration an ECM Provider will have:

- Strong, engaged, organizational leadership who agree to participate in learning activities, including in-person sessions and regularly scheduled calls.
- Capacity to provide appropriate and timely in-person care coordination activities, as needed in various settings (i.e., in-person, telephonically, etc.) to assist in achieving the participants health, medical, and social determinants of health.
- Capacity to serve all referred members with timely outreach for engagement and care coordination activities.
- Ability to transition, accept, perform outreach activities and, with member's consent, enroll ECM members assigned by the health plan, according to the ECM Provider contract with the MCP.
- Demonstrated engagement and cooperation with area hospitals, primary care practices, and behavioral health providers, housing support and other ILOS providers, through the development of agreements and processes, to collaborate with the ECM Provider on care coordination.
- Capabilities to link member to ECM services and share relevant information between the ECM Provider, PCP, and MCP and other providers involved in the member's care.
- Ability to meet MCP data sharing and reporting requirements.

The following outlines the six core services performed by the ECM Provider. The services coordinate interventions that address the medical, social, behavioral health, functional impairment, cultural, and environmental factors affecting health and health care choices available to ECM enrolled members.

1. **Comprehensive Assessment and Care Management Plan:** Includes development of a member centric care plan made available to member's interdisciplinary care team such as, but not limited to, PCPs, mental health providers, SUD providers, and ECM members.
2. **Enhanced Coordination of Care:** Implementation of the member's care plan including assistance with access, referral coordination, medication monitoring, treatment adherence, and communication with care team.
3. **Health Promotion:** Support member's ability to manage their health and may include health education, coaching, disease management, and motivational interviewing to assist the member with self-management of their health and social needs.

4. **Comprehensive Transitional Care:** Facilitation of hospital and nursing home transition activities to help reduce avoidable admissions and readmissions, coordinate with the PCP, conduct a member reassessment, develop/update transition plan, transition back into the community, medication reconciliation, coordinate support services, track admissions/discharges, etc.
5. **Member and Family Support Services:** Assessing and educating the member's social support system to promote self-efficacy, Including peer support and self-care activities.
6. **Coordination of and Referral to Community and Social Support Services:** Determine, coordinate, and refer members to the available community resources and follow up to ensure services were rendered.

Please complete this form and email to:

Health Plan	Email Address	Additional Instructions
Anthem Blue Cross	CASpecialPrograms@anthem.com	
Blue Shield Promise	HealthHomesProgram@blueshieldca.com	
Health Net	Kristin.C.Schlater@healthnet.com	
L.A. Care Health Plan	HealthHomesProgram@lacare.org	
Molina Healthcare of California	Health_Homes_Program@Molinahealthcare.com	

Required responses are identified with an asterisk *

About Your Organization

In the table below, please provide organizational information and designated point of contact information.

About Your Organization	
Organization Name *	
Legal Entity Name (as it appears on W-9) *	
Organization Website *	
Mailing Address *	
Point of Contact: Full Name *	
Point of Contact: Phone Number *	
Point of Contact: Email Address *	
Interest in becoming an ECM Provider? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information
Interest in becoming an ILOS Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information

Does/Did your organization serve as a CB-CME in L.A. County? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously served as a CB-CME, what Health Plan did you contract with? <i>Select all that apply.</i>	<input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Blue Shield Promise <input type="checkbox"/> Molina Healthcare of California <input type="checkbox"/> L.A. Care Health Plan

Enhanced Care Management Service Delivery *

In the table below, please indicate the Enhanced Care Management services your organization or current providers will provide. ***Please check all that apply.***

ECM Services	Current Members Served		Your organization is developing	Your organization needs help in developing
	Your organization currently provides	Number of members currently served for		
Outreach & Engagement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Assessment & Care Management Plan	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Coordination of Care	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Transitional Care	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Member & Family Supports	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Coordination of & Referral to Community & Social Support Services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Enhanced Care Management Target Populations *

In the table below, please indicate which Enhanced Care Management target populations your organization or current providers will serve. ***Please check all that apply.***

Target Population	Your organization <u>currently</u> serves	Additional Information
High utilizers with frequent hospital or emergency room visits/admissions	<input type="checkbox"/>	
Individuals experiencing chronic homelessness or at risk of becoming homeless	<input type="checkbox"/>	
Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community	<input type="checkbox"/>	
Adults: Individuals at risk for institutionalization with SMI, with Serious Emotional Disturbance or Substance Use Disorder (SUD) with co-occurring chronic health conditions	<input type="checkbox"/>	
Children: Individuals at risk for institutionalization with SMI, children with Serious Emotional Disturbance or SUD with co-occurring chronic health conditions Indian health clinic	<input type="checkbox"/>	
Individuals at risk for institutionalization, eligible for long-term care	<input type="checkbox"/>	

Target Population	Your organization <u>currently</u> serves	Additional Information
Nursing facility residents who want to transition to the community	<input type="checkbox"/>	
Children or youth with complex physical, behavioral, developmental, and oral health needs, e.g. California Children's Services (CCS), foster care)	<input type="checkbox"/>	

About Your Organization's Service Delivery Model *

Please identify the services your organization currently provides and any narrative you would like the L.A. County Managed Care Plans to be aware of. ***Please check all that apply.***

Specialty Type & Services	Your organization currently provides	Additional Information, such as age groups served
Primary Care	<input type="checkbox"/>	
Specialty care	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Substance Use Disorder	<input type="checkbox"/>	
CBAS	<input type="checkbox"/>	
MSSP	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

About Your Organization's Patient Population

What other information would you like L.A. County Managed Care Plans to know about the populations you currently serve – kids, adults, specific conditions, etc.